

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/716,154
Filing Date	November 17, 2000
First Named Inventor	Firass Abi-Nassif
Group Art Unit	2664
Examiner Name	Mew Kevin
Attorney Docket Number	CX098007-C01/BCS03324

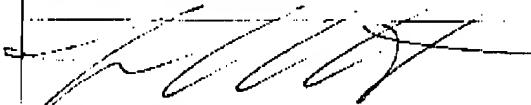
**ENCLOSURES**

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC {Appeal Notice, Brief, Reply Brief}
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs _____	
<input type="checkbox"/> Certified Copy of Priority Documents		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

Remarks  
X Facsimile Transmittal

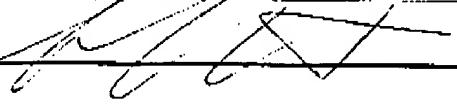
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	Esteban A. Rockett	Registration No.	55,578
Signature			
Date	31 January 2005		

**CERTIFICATE OF TRANSMISSION/MAILING**

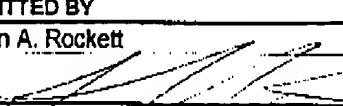
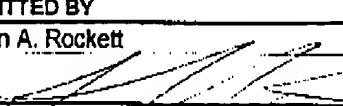
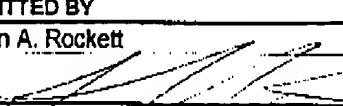
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 703-872-9306 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:

Typed or printed name | Esteban A. Rockett

Signature | 

Date |

31 January 2005

<b>FEE TRANSMITTAL</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				<i>Complete if Known</i>																																																																																																																																																																																																																								
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<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>502117</b> Deposit Account Name <b>Motorola, Inc.</b>				<b>FEE CALCULATION (continued)</b> <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>7520</td><td>1812</td><td>2520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>820*</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td></tr> <tr><td>1254</td><td>1480</td><td>2254</td><td>740</td></tr> <tr><td>1258</td><td>2010</td><td>2255</td><td>1005</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1330</td><td>2453</td><td>665</td></tr> <tr><td>1501</td><td>1330</td><td>2501</td><td>665</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>160</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4"><b>SUBTOTAL (1) (\$) 0</b></td></tr> <tr> <td colspan="4"> <b>1. 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Rockett</b>   </td> </tr> <tr> <td colspan="4"></td> <td colspan="4">           Complete (if applicable)            Registration No. <b>55,578</b>   Telephone <b>215-323-1798</b>            Date <b>31 January 2005</b> </td> </tr> <tr> <td colspan="4"></td> <td colspan="4"> <b>SUBTOTAL (3) (\$) 1020</b>            * Reduced by Basic Filing Fee Paid         </td> </tr> </tbody></table>				Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	7520	1812	2520	1804	920*	1804	820*	1805	1840*	1805	1840*	1251	110	2251	55	1252	420	2252	210	1253	950	2253	475	1254	1480	2254	740	1258	2010	2255	1005	1401	330	2401	165	1402	330	2402	165	1403	290	2403	145	1451	1510	1451	1510	1452	110	2452	55	1453	1330	2453	665	1501	1330	2501	665	1502	480	2502	240	1503	640	2503	320	1460	130	1460	130	1807	50	1807	50	1806	160	1806	180	8021	40	8021	40	1809	770	2809	385	1810	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify) _____				<b>SUBTOTAL (1) (\$) 0</b>				<b>1. 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